

**DBP Form 4**  
**Reporting Form for Running Annual Average (RAA) for**  
**Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s)**

**PWSID #:** \_\_\_\_\_ **SYSTEM NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PREPARED BY:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**POPULATION SERVED:** \_\_\_\_\_

**Water Source Type:** Ground water ☐ Surface water ☐ Both ☐

**Number of Treatment Plants:** \_\_\_\_\_

**Total # of samples taken this quarter:** Month 1: \_\_\_\_\_ Month 2: \_\_\_\_\_ Month 3: \_\_\_\_\_

**If sampling is done yearly, the total # of samples taken during the year:** \_\_\_\_\_

**Violation?:** ☐

**Check One:** ☐ **1<sup>st</sup> Quarter** (Due by April 10<sup>th</sup>) ☐ **2<sup>nd</sup> Quarter** (Due by July 10<sup>th</sup>) ☐ **3<sup>rd</sup> Quarter** (Due by Oct. 10<sup>th</sup>) ☐ **4<sup>th</sup> Quarter** (Due by Jan. 10<sup>th</sup>)

		Column A	Column B Monthly Data*	Column C Quarterly Average		Column D Running Annual Average	
Month	Year	Total TTHMs µg/L	Total HAA5s µg/L	Total TTHMs µg/L	Total HAA5s µg/L	Total TTHMs µg/L	Total HAA5s µg/L
January	20__ __						
February	20__ __						
March	20__ __						
April	20__ __						
May	20__ __						
June	20__ __						
July	20__ __						
August	20__ __						
September	20__ __						
October	20__ __						
November	20__ __						
December	20__ __						
<b>Running Annual Average =</b>							

\*Attach copies of Laboratory results for this quarter  
Submit this report to EPA with copies of Lab results when you monitor quarterly or more frequently. If you are monitoring yearly, submit copies of lab results will be adequate.

### **INSTRUCTIONS FOR COMPLETING**

#### ***Running Annual Average (RAA) for Total Trihalomethanes (TTHMs) And Haloacetic Acids (HAA5s)***

1. PWSID #: Enter the Public Water System (PWS) Identification Number assigned by USEPA.
2. System Name: Enter system legal name provided to USEPA when PWSID assigned.
3. Date: Enter the date that the final report is prepared and signed.
4. Prepared by: Print the name of the person completing the form.
5. Authorized Signature: The person that signs the form must be the legal owner or authorized representative of the legal owner. This signature certifies that the information submitted is correct and consistent with the written monitoring plan
6. Title: Title/position of individual signing the document
7. Population Served: Complete population size served by PWS.
8. Water Source Type: Check the box that describes your water source(s).
9. Number of Treatment Plants: Enter the total number of treatment plants.
10. Total # of samples taken this quarter: for systems sampling TTHM and HAA5 quarterly enter the number of samples collected each month of the reporting period.
11. Total # of samples taken during the year: for systems sampling TTHM and HAA5 annually enter the number of samples collected for the reporting year.
12. Violation?: Check only if the system has had a violation during this reporting quarter.
13. Check One: Check the appropriate reporting quarter: Quarter 1 -January, February, and March; Quarter 2 - April, May, and June; Quarter 3 - July, August, and September; Quarter 4 - October, November, and December.

#### **Specific Form Instructions**

##### ***Fill out the appropriate months.***

14. Column A: enter the year for which the reporting month is associated.
15. Column B: enter quarterly average of TTHM and HAA5 results for each month (Data from DBP Form 1 and 2 if only one sample is taken each quarter or from DBP Form 3 if multiple samples are taken each quarter).
16. Column C: enter the quarterly average of TTHM and HAA5 results, respectively, for the quarter (sum the monthly averages and divide by the number of months that a monthly average was used in the sum).
17. Column D: enter the running annual average (RAA) for TTHM and HAA5 concentrations. Determine the RAA by summing the quarterly average in column 3 and dividing by the number of quarters in column 3 that had entries used to calculate the sum.

#### **Subpart H - Instructions for Different Populations**

18. Surface and GWUDISW serving > 10,000 population: Minimum of 4 samples per plant per quarter. Complete Column A, Column B Monthly Data for TTHM and HAA5. Complete Column C quarterly data at end of each quarter – March, June, September and December for TTHM and HAA5. Complete Column D Running Annual Average at bottom of page for both TTHM and HAA5.
19. Surface and GWUDISW serving 500-9,999 population: Minimum of 1 sample per plant per quarter for RAA. Complete Column A, Column B Monthly Data for TTHM and HAA5. Complete Column C quarterly data at end of each quarter – March, June, September and December for TTHM and HAA5. Complete Column D Running Annual Average at bottom of page for both TTHM and HAA5.
20. Surface and GWUDISW <500 population: Minimum of 1 sample per plant per year in August. Complete August Column A & B for TTHM and HAA5, September quarter Column C, and Running Annual Average Column D, for TTHM and HAA5.
21. Ground water serving > 10,000 population: Minimum of 1 sample per plant per quarter for RAA. Complete three designated months, example Jan, Apr, Jul and Oct Columns A & B TTHM and HAA5 data. Then complete Column C quarterly average data for each quarter. Finally, complete Running Annual Average in Column D for both TTHM and HAA5.
22. Ground water serving < 10,000 population: Minimum of 1 sample per plant per year in August. Complete August Column A & B TTHM and HAA5, September quarter Column C, and Running Annual Average Column D, for TTHM and HAA5.